Child-Parent Psychotherapy: Treatment Parameters And Points Of Entry

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An Ecological Model Of Developmental Outcome

- Child functioning is shaped by the interplay of risk and protective factors
  - within the child
  - in the environment
- Risk factors co-exist and compound each other
- Risk factors generate secondary stresses
- Likelihood of psychiatric disorder increases with the number of risks

(Lynch & Cicchetti, 1998; Rutter, 1999; Pynoos et al., 1999; Sameroff, 1993)

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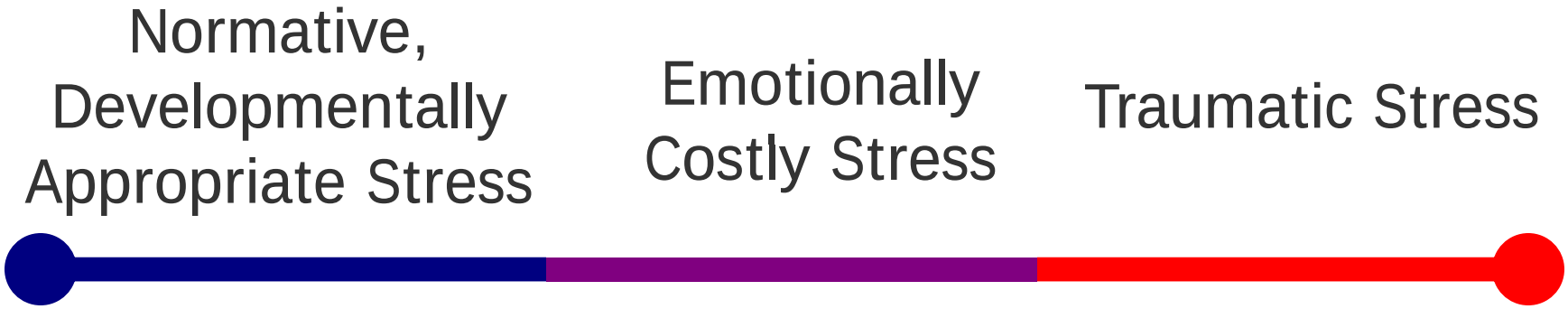
Risk As A Continuum From Stress To Trauma



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Convergence Of Risk With Poverty And Ethnicity

- Risk factors cluster where there is poverty
- Children of color are more likely to be poor
- Children of color are more vulnerable to the mental health effects of adversity -
  - --cumulative effect of multiple risks
  - --less access to services

(Oser & Cohen, 2003; Flores et al., 2002; U.S. Surgeon General's Report, 2001)

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Children Need To Be Understood In The Context Of Their Relationships

Child-Parent Psychotherapy Theoretical Target

- The system of jointly constructed meanings in the child-parent relationship
- These meanings emerge from each partner's representations of themselves and each other
- Mental representations are expressed through individual or interactive language, behavior, and play

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Child-Parent Psychotherapy Goals

- Encouraging normal development: Engagement with present activities and future goals
- Maintaining regular levels of affective arousal
- Establishing trust in bodily sensations
- Achieving reciprocity in intimate relationships

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Child-Parent Psychotherapy: Theoretical Integrations

- Developmentally Informed
- Attachment focus
- Trauma-based
- Psychoanalytic theory
- Social Learning processes
- Cognitive–Behavioral strategies
- Culturally attuned

(Lieberman & Van Horn, 2005)

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Pillars Of A Therapeutic Attitude

- Notice feelings in the moment
- Translate between parent and child
- Dare to bring up traumatic events
- Find connections between experiences
- Remember the suffering under the rage
- Seek out the benevolence in the conflict
- Offer kindness
- Encourage hope

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"Best Practices" For Assessment

- 3-5 45-minute(plus) assessment sessions
- Parent(s) history
- Family circumstances
- Child developmental history
- Ascertaining adversities and traumatic events
- Child observation and testing
- Observation of child-parent relationship
- Child's trauma narrative
- Collateral information

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Child-Parent Psychotherapy Intervention Modalities

1. Supporting developmental momentum
2. Unstructured reflective developmental guidance
3. Modeling protective behaviors
4. Addressing traumatic reminders
5. Retrieving benevolent memories
6. Emotional support
7. Attention to reality: Concrete assistance, case management, crisis intervention

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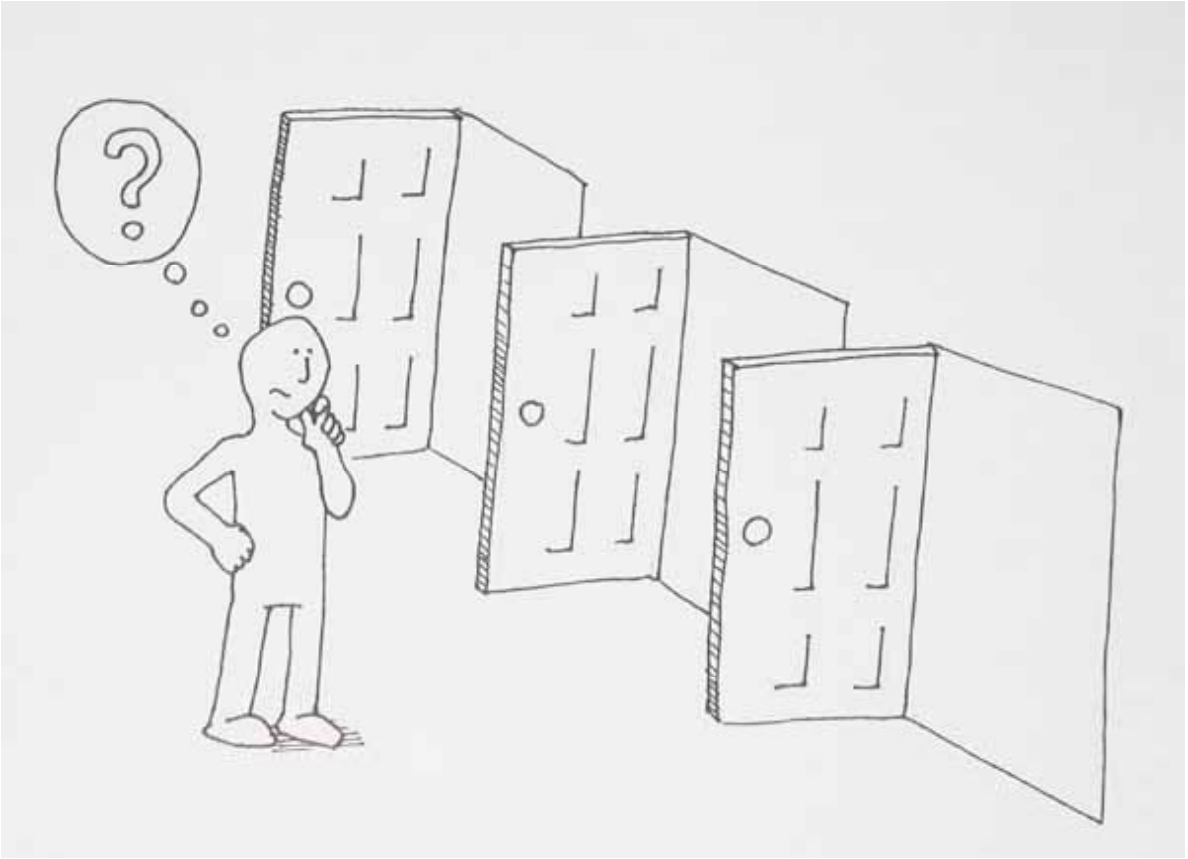
Child-Parent Psychotherapy: Ports Of Entry



Child-Parent Psychotherapy: Ports Of Entry

- Immediate object of clinical attention
- Chosen on basis of emotional immediacy and clinical need
- Not driven by *a priori* theory, but by case formulation and in-the-moment assessment of what would be most promising for positive change

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Child-Parent Psychotherapy: Ports of Entry

- Selection is a process
- A myriad ways to construct meaning:
  Play, words, physical contact
- Ports of entry open and close fluidly as the parent-child representations and interactions unfold during the clinical encounter
- There is (almost) always another chance

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Child-Parent Psychotherapy: Ports of Entry

- Begin from simplicity
- Well timed developmental guidance may be the most effective intervention
- If simple interventions fail, chose interventions that address resistance, mistrust, or psychological obstacles

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Child-Parent Psychotherapy: Criteria To Select Ports Of Entry

- Quality of therapeutic relationship
- Parental character structure
- Developmental considerations
- Phase of treatment
- Type, appropriateness, and modulation of parent's or child's affect.
- Timing within the session

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Child-Parent Psychotherapy: Possible Ports of Entry

- Child's or parent's behavior
- Parent-child interaction
- Child's representation of self or of parent
- Parent's representation of self or of child
- Mother-father-child interaction
- Inter-parental conflicts
- Child-therapist relationship
- Parent-therapist relationship
- Child-parent-therapist relationship

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When Trauma Is A Factor

- Trauma is pervasive but usually overlooked
- Clinical “don’t ask, don’t tell”
- Trauma-focused treatment is not treatment “as usual”

Frequent Traumatic Stressors In Childhood

- Exposure to violence
  - Child Abuse
  - Domestic Violence
  - Community Violence
- Accidents
  - Car crashes
  - Near drownings
  - Dog bites
  - Burns

Key Features of Trauma

- A traumatic event is defined by
  - Unpredictability
  - Horror
  - Helplessness

That overwhelm the capacity to cope

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Defining Trauma in the Early Years

- Child's direct experience or witnessing of an event or events that involve:

Actual or threatened death or serious injury to child or others

Threat to psychological or physical integrity of child or others

(DC:0-3, Zero to Three, 1994)

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Trauma As Paradigm Of Ghosts In The Nursery

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help
- Contradictory feelings toward each parent

(Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

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Can Young Children Remember Trauma?

- Memorability

  Quality of events worth remembering

  Enduring over unfolding development

  Unique, dramatic, eliciting intense emotion

- Retrieval

  Once children acquire language, they narrate traumatic events that occurred while they were pre-verbal

- Accuracy versus misunderstanding

(Nelson, 1994; Gaensbauer, 1995; Terr,

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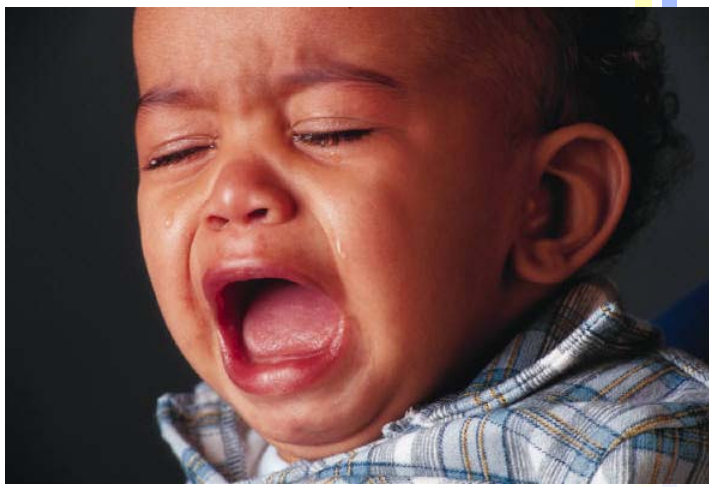
Traumatic Stress In Infants And Young Children

- Re-experiencing trauma (flashbacks, nightmares)
- Numbing (social withdrawal, play constriction)
- Increased arousal (attention problems, hypervigilance)
- New Symptoms
  - Aggression
  - Sexualized behavior
  - New fears
  - Developmental Regression



Violence As Paradigm Of Childhood Trauma

- More children die from abuse in their first year of life than at any other time
- Half of child abuse victims are under age 7
- 85% of abuse fatalities are under age 6

(Gentry, 2004; UNICEF, 2003; Children's Bureau. 2003)

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Children's Exposure to Violence

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Convergence of Types of Violence

- Children exposed to domestic violence
  - 15 times more likely to be abused than the national average
  - 30-70% overlap with child abuse
  - At serious risk of sexual abuse
- Battered women
  - Twice more likely to abuse their children than comparison groups

(Osofsky, 2003; Edleson, 1999; Margolin & Gordis, 2000; McCloskey, 1995)

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Impact of Trauma in the Early Years

Loss of developmental expectation of protection from the parent

Disrupted mental representations

Affect Dysregulation

Impairment in Readiness to Learn

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Impact of Trauma on Caregivers

- Loss of felt sense of security
- Changes view of self/other
  - Victim
  - Persecutor
  - Non-helpful bystander
- Traumatic reminders
- Traumatic expectations

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Changes in Parent-Child Relationship after Trauma

- Impaired affect regulation
- Either partner may develop new negative attributions based on trauma experience
  - Changes to mental representations
  - Traumatic expectations
- Parent and child may serve as traumatic reminders for one another

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Child-Parent Psychotherapy Trauma-Related Goals

- Increased capacity to respond realistically to threat
- Differentiation between reliving and remembering
- Giving expression to the “unsayable”
- Normalization of the traumatic response
- Placing the traumatic experience in perspective

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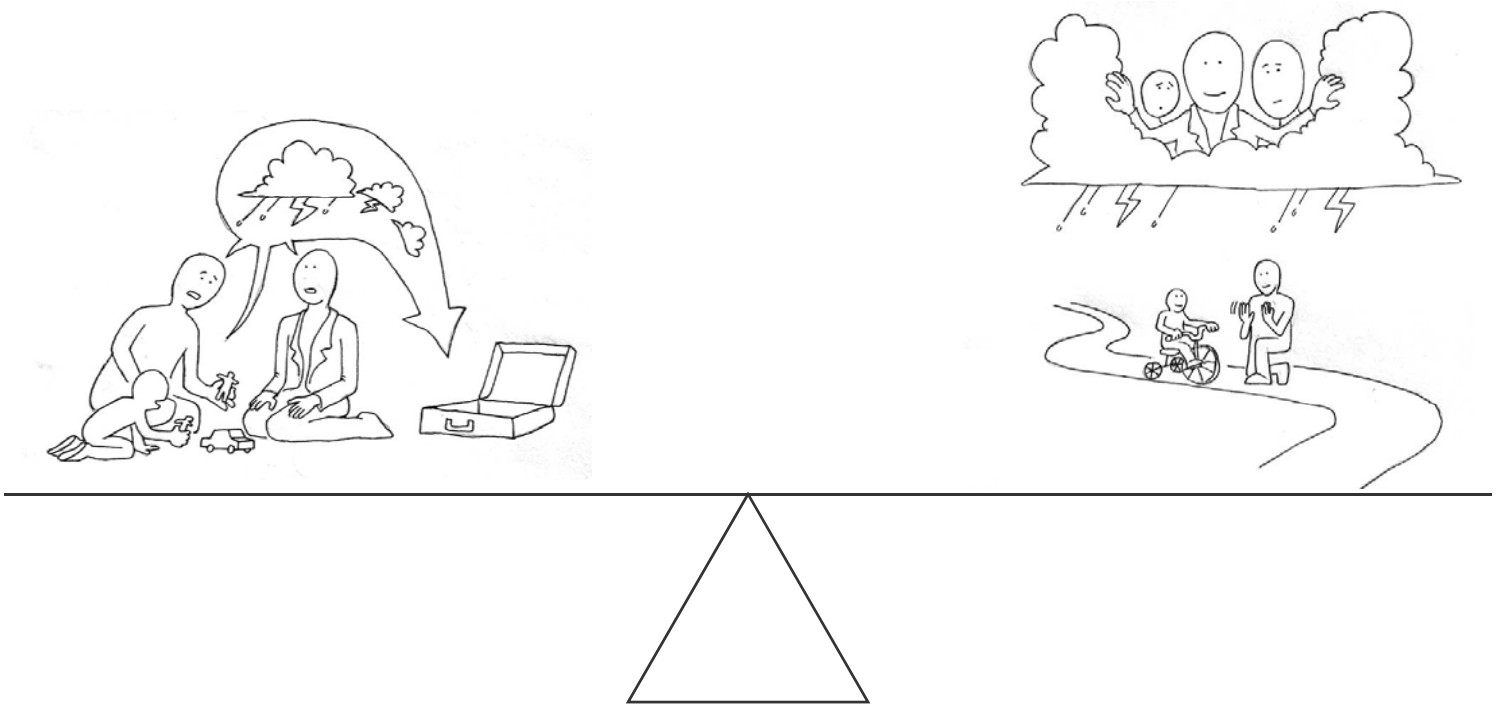
Balancing Focus on Trauma and Loss With Continuity Of Daily Living And Other Therapeutic Goals



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Balancing Trauma Treatment With Other Goals

- Trauma lens: Identify reminders, expectations and affects based on trauma and loss experiences
- Attachment lens: Focus on safety and protection through reciprocity
- Developmental lens: Promote age-appropriate achievements
- Cultural lens: Sensitivity to ecological context

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Samples:

1) Anxiously attached Latino infants
2) Toddlers of depressed mothers
3) Maltreated preschoolers in dependency system
4) Preschoolers exposed to domestic violence

Outcomes:

Improvements in security of attachment and mental representation of self and parents; improvement in cognitive performance; decrease in PTSD symptoms and diagnosis; decrease in behavioral problems; decrease in maternal symptoms; increased mother-child reciprocity

(Cicchetti et al., 1999; 2000; 2006; Heinicke et al., 2001, 2006; Lieberman et al., 1991, 2005, 2006; Toth et al., 2002, 2006).

Therapist, Heal Thyself!

- Working with intensely bereaved and traumatized young children evokes strong feelings in the therapist, including hopelessness and rescue fantasies
- Vicarious traumatization is real
- Self-care is essential to help the child
- Build support systems at work: ongoing opportunities for consultation

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